

AFCARS ASSESSMENT REVIEW IMPROVEMENT PLAN: Foster Care Data Elements

State: Colorado

AFCARS Reporting Period: April 1, 2005 – September 30, 2005 (2005B)

| AFCARS Data Element | Rating Factor | Findings | Tasks | Estimated/ Completed Date | State/ACF's Comments/Notes ACF's Sign-off Notes |
|--|----------------------|--|--|----------------------------------|--|
| Foster Care #8 Child's Race Adoption #7 Child's Race #25 Adoptive Mother's Race #27 Adoptive Father's Race a. American Indian or Alaska Native b. Asian c. Black or African American d. Native Hawaiian or Other Pacific Islander e. White f. Unable to Determine | 2 | Screen: General Information 1) The screen does not contain an option for "unable to determine." The State made modifications to the program code to map "Abandoned" and "Decline to Disclose" to "unable to determine." 2) The staff indicated that if a child is abandoned, the worker makes the determination of the child's race. | 1) Modify the screen to include the option "unable to determine." Since the program code now contains "abandoned" and "decline to disclose," these values need to be added to the screen. 1a) Provide ACF with a print of the re-designed screen. <u>Data Quality</u> 2) Provide training to workers that race information is to be self-reported by the child or his/her parents. 3) Provide training to workers that if the child is an abandoned child to use the option "abandoned." 4) Provide ongoing training that if the case worker does not know the information because he/she has not asked, then leave the race field blank. 5) Ensure supervisory oversight on the collection of race information. | | |

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| <p>#10 Has the child been clinically diagnosed as having a disability(ies)?</p> <p>1=Yes 2=No 3=Not yet Determined</p> | 2 | <p>Screen: Characteristics</p> <p>1) The system does not include a field on the screen to record whether or not a child has been diagnosed with a disability. The answer to this question is derived from whether an AFCARS appropriate diagnosed condition is entered into the system.</p> <p>1a) The program code never sets this element to a value of "not yet determined."</p> <p>1b) Missing data are incorrectly mapped to "no."</p> | <p>1) Add a field to the screen for the worker to indicate if the child has been to a medical professional. Add the options "yes," "no," and "not yet determined."</p> <p>1a) Modify the program code to map each of the responses to the appropriate AFCARS value.</p> <p>1b) Map missing data to blank. Modify the program code that if there is missing data in elements #11-15, this element is a blank.</p> <p><u>Options to consider:</u> A) Add an internal edit between this field and a child's placement. If a child is placed in a treatment placement, and no diagnosed conditions are recorded in the system, the worker receives an error that no diagnosed conditions have been entered into the system.</p> <p>B) Add a tickler, or some type of reminder, that notifies the case worker this information needs to be entered and/or updated.</p> | | |

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| | | <p>2) Case workers are trained that a child has a disability when she/he tells the worker she/he has a disability.</p> <p>3) Based on the frequency report and the case file findings, these data are under reported.</p> | <p><u>Data Quality</u></p> <p>2) Change training so that workers are instructed to enter the information received by a licensed professional in the State (a medical doctor or a psychiatrist).</p> <p>3) Describe how the State will provide monitoring oversight to ensure that workers enter this information.</p> <p>4) Implement training and supervisory oversight to ensure workers enter and update this information.</p> | | |
| <p>#11 Mental Retardation #12 Visually/Hearing Impaired #13 Physically Disabled #14 Emotionally Disturbed #15 Other Diagnosed Condition</p> <p>[0 = Does not apply] 1 = Applies</p> | 2 | <p>Screen: Characteristics</p> <p>The State is not reporting all possible medical and mental health conditions.</p> | <p>1) Review Tab C. Modify the program code accordingly.</p> <p>2) If “developmental disability” is used in the foster care file, map each component of the “developmental disability” separately. “Educational delays” are to be mapped to element #15. Areas relating to “mental processing,” would be mapped to element #11.</p> <p>3) Provide clarification on the following values: a) visually impaired</p> | | |

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| | | | b) hearing impaired c) other orthopedic conditions d) emotional disturbance e) emotional disturbance: mild, moderate and severe <u>Data Quality</u> 4) Describe how the State will provide monitoring oversight to ensure that workers enter this information. 5) Implement training and supervisory oversight to ensure workers enter and update this information. | | |
| #21 Date of Latest Removal ____ (mo) ____ (day) ____ (year) | 2 | Screen: Removals 1) The program code does not exclude from the AFCARS foster care reporting population those children whose first and only living arrangement while the agency has responsibility for care and placement is a locked facility or a hospital. 1a) For children noted above that go to a foster care setting after the locked or hospital placement, the program code does not report the | A. Provide ACF with the State's plan on how it intends to modify the system/program code for both issues. 1) Modify the program code to not include a child whose first placement is a locked facility or a hospital. 1a) The date of removal would be the date the child entered a foster care setting after the above setting(s), if applicable. 1b) Submit the revised screen(s), if applicable, and program code | | |

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| | | <p>date of the latest removal as the day the child went into the foster care setting.</p> <p>2) The State has a project request order in to modify Trails to not require an existing removal episode to be closed and a “new” removal episode entered when a child enters a locked facility. The State does not have a projected completion date.</p> | <p>to ACF.</p> <p>1c) Once corrections have been implemented by the State, ACF will evaluate for a need related to data quality.</p> <p>2) Include a projected completion date in the initial AFCARS Improvement Plan's estimated due dates.</p> <p>2a) ACF will review the projected date and provide the State with feedback.</p> | | |
| #24 Number of Previous Placement Settings in This Episode | 2 | <p>Screen: Services Authorized</p> <p>1) The program code initializes this element to zero.</p> <p>2) Based on the case file review findings, 11 (21%) of the records analyzed did not match what was reported in AFCARS. In three of the error cases, the reviewers found more placement moves than what was reported to AFCARS. In eight of the error cases, the reviewers found fewer placement moves than what was reported to AFCARS.</p> | <p>1) Modify the program code to initialize this element to blank.</p> <p>2) ACF will re-evaluate this element for data quality issues after changes to this element and element #41 are completed.</p> | | |
| #41 Current Placement Setting 1 = Pre-Adoptive | 2 | Screens: Services Provided: Services Authorized, History, and Trial Home Visits | | | |

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| Home 2 = Foster Family Home-Relative 3 = Foster Family Home-Non-Relative 4 = Group Home 5 = Institution 6 = Supervised Independent Living 7 = Runaway 8 = Trial Home Visit | | 1) The program code maps "KNSHP" (kinship care) and "KFSTR" (kinship foster care) to "foster family home-relative." The State's definition of "kinship" includes non-relatives. 2) The State includes in its reporting population youth under juvenile corrections that have returned home on parole as on "trial home visits." | 1) Modify the program code to include only those individuals related to the child by blood or marriage as relatives. 1a) If a change is required to the selection options on the screen, provide ACF with a print of the modified screen. 2) Modify the program code so that youth returned home on parole, and no longer are under the agency's responsibility for care and placement, as discharged from the AFCARS reporting population. 3) Provide clarification on the following: a) The State maps "SHLTR" (shelter care) to "group homes." Clarify if all shelter care settings are between seven and twelve beds. b) "DD Regional Centers" (DDRC). c) the service type code "Community Corrections under DYC" (COCOR). | | |

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| | | | <p>d) the service type codes “Transition Program – Phase I,” “Transition Program – Phase II,” and “Transition Program – Phase III.”</p> <p>e) what the State is including in the second “lc_cur_placement := '2'” at the end of the section for element #41.</p> <p>4) Provide ACF with a copy of the separate screen (accessed from the “absent” button on the services authorized screen) to enter absences from “foster care.”</p> <p>5) Provide ACF with a copy of the screen containing the “initial placement” check box.</p> <p><u>Data Quality</u></p> <p>6) The State needs to ensure that all placements for a current removal episode open at the time of conversion, are entered into Trials.</p> <p>7) The State needs to ensure that workers are entering all placements, including those with relatives, into the system.</p> | | |

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| | | | Describe how the State will provide monitoring oversight to ensure that workers enter this information. | | |
| <p>#43 Most recent case plan goal</p> <p>1 = Reunify With Parent(s) Or Principal Caretaker(s) 2 = Live With Relative(s) 3 = Adoption 4 = Long Term Foster Care 5 = Emancipation 6 = Guardianship 7 = Case Plan Goal Not Yet Established</p> | 2 | <p>Screen: FSP: Family Information – Participant Details tab</p> <p>1) Case planning involves identifying a “permanent home” for a youth when other goals are not a current option, or the child does not want to be adopted and/or the foster parents do not want guardianship or to adopt a child, but are willing to be a permanent family for the child.</p> <p>2) Concurrent planning is an area for ongoing training; case workers need to update the primary goal.</p> <p>3) Based on the case file review, the accuracy of the data needs to improve.</p> | <p>1) Modify the program code to check if “another planned living arrangement” and the “permanent home” indicator has been selected, to map the goal as “emancipation.” If the “permanent home” box is not selected, these records are to be mapped to “long -term foster care.”</p> <p>1a) If the “permanent home” is that of a relative (by blood or marriage), map the goal as “live with relative.”</p> <p><u>Data Quality</u></p> <p>2) Develop a method to ensure the accurate use of the “permanent home” box.</p> <p>3) Describe how the State will provide monitoring oversight to ensure that workers enter this information correctly.</p> | | |

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| | | | <p>4) Implement training and supervisory oversight to ensure workers enter and update this information.</p> <p>5) Describe how the State will provide ongoing training and supervisory oversight regarding "concurrent planning."</p> | | |
| <p>Foster Care: #47 Mother's Date of TPR</p> <p>#48 Legal or Putative Father's TPR</p> <p>Adoption: #19 Date of Mother's TPR</p> <p>#20 Date of Father's TPR</p> | 2 | <p>Screen: Hearings and Orders</p> <p>The program code checks for the latest date of a court order or hearing held for the termination of parental rights for the mother/father.</p> <p>This information was not included during conversion to Trails. The State must do manual data cleanup. The case file review revealed a significant issue related to the accuracy and completeness of the data.</p> | <p>Modify the program code to only extract the hearing date.</p> | | |
| <p>#49 Foster Family Structure</p> <p>0 = Not Applicable 1 = Married Couple 2 = Unmarried Couple 3 = Single Female 4 = Single Male</p> | 2 | <p>Screen: Resources: Directory: Staff/Members</p> <p>1) Based on the review of the program code and discussions with the State staff, "not applicable" is reported when a child is in a non-foster care setting. However, the</p> | <p>1) Map this element to "not applicable" for the following values from element #41: 4 = Group Home 5 = Institution</p> | | |

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| | | <p>frequency report and the case file review findings do not support that this is happening.</p> <p>2) The program code only checks the resources fields and relatives are not entered as resources. (State needs to confirm.)</p> | <p>6 = Supervised Independent Living 7 = Runaway 8 = Trial Home Visit</p> <p>2) Modify the program code, if applicable, to include relative (by blood, legal or marriage) foster parents.</p> <p>3) Once the State has identified the error and made corrections, ACF will re-evaluate the data.</p> | | |
| <p>#50 1st Foster Caretaker's Birth Year</p> <p>#51 2nd Foster Caretaker's Birth Year</p> | 2 | <p>1) Information for this element is being reported when a child's current living arrangement is a non-family foster home setting.</p> <p>2) Based on the case file review findings and the frequency report, the accuracy of these data needs to improve.</p> | <p>1) Map this element to blank for the following values from element #41: 4 = Group Home 5 = Institution 6 = Supervised Independent Living 7 = Runaway 8 = Trial Home Visit</p> <p><u>Data Quality</u></p> <p>2) Develop a method to ensure the accuracy, and timeliness, of the data entered for this element.</p> <p>3) Implement a means to ensure this data is accurately entered.</p> <p>4) Ensure that supervisors provide oversight to the</p> | | |

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| | | | accuracy of data entered. | | |
| #52 1 st Foster Caretaker's Race #54 2 nd Foster Caretaker's Race (if applicable) a. American Indian or Alaska Native b. Asian c. Black or African American d. Native Hawaiian or Other Pacific Islander e. White f. Unable to Determine | 2 | Screen: Screen: Resources: Directory: Staff/Members – Ethnicity tab 1) The screen does not contain an option for “unable to determine.” 2) Information is reported on these elements if the child is in a non-foster family home setting. | 1) Modify the screen to include the option “unable to determine.” Since the program code now contains “decline to disclose,” this value needs to be added to the screen. 1a) Provide ACF with a print of the re-designed screen. 2) Map this element to blank for the following values from element #41: 4 = Group Home 5 = Institution 6 = Supervised Independent Living 7 = Runaway 8 = Trial Home Visit <u>Data Quality</u> 3) Provide training to workers that race information is to be self-reported by the individual. 4) Provide training to workers that if the individual refuses to provide his/her race information, | | |

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| | | | <p>to select “decline to disclose.”</p> <p>5) Provide ongoing training that if the case worker does not know the information because he/she has not asked, then leave the race field blank.</p> <p>6) Ensure supervisory oversight on the collection of race information.</p> | | |
| <p>#53 1st Foster Caretaker's Hispanic or Latino Origin</p> <p>#55 2nd Foster Caretaker's Hispanic Origin</p> <p>0 = Not applicable 1 = Yes 2 = No 3 = Unable to Determine</p> | 2 | <p>1) Information is reported on these elements if the child is in a non-foster family home setting.</p> | <p>1) Map this element to “not applicable” for the following values from element #41: 4 = Group Home 5 = Institution 6 = Supervised Independent Living 7 = Runaway 8 = Trial Home Visit</p> <p>2) ACF will evaluate the data after the changes have been implemented.</p> | | |
| <p>#56 Date of Discharge from foster care</p> <p>#58 Reason for Discharge</p> <p>[0 = Not Applicable] 1 = Reunification with Parent(s) or Primary</p> | 2 | <p>Screen: Removals</p> <p>The State has a project request order in to modify Trails to not require an existing removal episode to be closed and a “new” removal episode entered when a child enters a locked facility. The State does not have a projected completion date.</p> | <p>1) Include a projected completion date in the initial AFCARS Improvement Plan's estimated due dates.</p> <p>1a) ACF will review the projected date and provide the</p> | | |

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| Caretaker(s) 2 = Living with Other Relative(s) 3 = Adoption 4 = Emancipation 5 = Guardianship 6 = Transfer to Another Agency 7 = Runaway 8 = Death of Child | | | State with feedback. | | |
| #65 None of the Above 0-Does not apply 1-Applies | 2 | The program code does not check for other sources of Federal or non-Federal income. | Modify the program code to check for additional sources of income to the child. | | |
| #66 Amount Of Monthly Foster Care Payment (regardless of source) | 2 | Screen: Services Authorized; Details Tab The State has updated the program code for this element in three sections. First, the code now determines the month for which the amount of payment is calculated based on the discharge date instead of the transaction date of discharge. Second, if the discharge has not occurred or the discharge date was after the reporting period end date, the program code now uses the last month of the reporting period for the payment calculation instead of one month before the last month of the reporting period. Third, if the | The state needs to correct the changes to the program code. The program code is to check for the most recent full month for which the amount of the payment during that month is not zero, not just the last month in the report period. | | |

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| | | current removal began during the last month of the reporting period, the payment amount is set to zero. | | | |
| #5 Date of Most Recent Periodic Review (if applicable) | 3 | <p>Frequency Report (N=7,307); 2003 = 137 (1.08%); 2004 = 786 (6.19%); 2005 = 6,302 (49.65%); and Not Reported = 5,386 (42.43%)</p> <p>Based on the case file review and the frequency report, there are records with old review dates. Additionally, the case file review indicated a need for more timely data entry.</p> <p>Per the State staff, there are cases that were still open after conversion that should have been closed (the removal episode had ended).</p> | <p>1) Complete data clean-up in regard to possible closed cases still open on the system.</p> <p>2) Develop, and describe, a method to ensure the accuracy, and timeliness, of the data entered for this element.</p> | | |
| #6 Child Birth Date | 3 | <p>Screen: General Information</p> <p>Case workers are instructed to use the first day of the first month when estimating dates of birth.</p> | Develop and implement a training/oversight plan to ensure correct data is entered into the system. | | |
| <p>#17 If yes, how old was the child when the adoption was legalized?</p> <p>[0 = Not Applicable] 1 = less than 2 years old 2 = 2-5 years old</p> | 3 | Based on the case file review, the accuracy of this data needs to improve. | <p>Develop a method to ensure the accuracy, and timeliness, of the data entered for this element.</p> <p>Implement training and supervisory oversight for the correct entry of this data.</p> | | |

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| 3 = 6-12 years old 4 = 13 years or older 5 = Unable to Determine | | | | | |
| #18 Date of First Removal from Home #19 Total Number of Removals from Home #20 Date Child was Discharged from last foster care episode (if applicable) #22 Date of Latest Removal Transaction Date #57 Date of Discharge Transaction Date | 3 | The rating for these elements is based on the issues in elements #21 and #56. Note: While the number of error cases for this element was below 10%, there were cases in which an earlier date of first removal was found by the reviewers. | ACF will re-evaluate these elements once the technical corrections are made to elements #21 and #56. The State is to implement a means to review cases in which the child had removal episodes prior to the implementation of Trials to ensure that all applicable removal episodes have been entered. | | |
| #23 Date of Placement in Current Foster Care Setting | 3 | Based on the case file review findings, the accuracy of this data needs to improve. | Develop a method to ensure the accuracy, and timeliness, of the data entered for this element. Implement training and supervisory oversight for the correct entry of this data. | | |
| Actions or Conditions Associated With Child's Removal #26 Physical Abuse #27 Sexual Abuse | 3 | Collectively, elements #26-40 had several errors in the case file review. Only four elements did not have errors. | Describe how the State will provide monitoring oversight to ensure that workers enter this information. | | |

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| #28 Neglect #29 Parent Alcohol Abuse #30 Parent Drug Abuse #31 Child Alcohol Abuse #32 Child Drug Abuse #33 Child Disability #34 Child's Behavior Problem #35 Death of Parent #36 Incarceration of Parent #37 Caretaker Inability to Cope Due to Illness or Other Reasons #38 Abandonment #39 Relinquishment #40 Inadequate Housing [0-Does not Apply] 1-Applies | | | Implement training and supervisory oversight to ensure workers enter and update this information. | | |
| #44 Caretaker Family Structure 1 = Married Couple 2 = Unmarried Couple 3 = Single Female 4 = Single Male 5 = Unable to Determine | 3 | Based on the case file review, several records were reported as "unable to determine" and the birth years were blank. However, the reviewers found the information. | Implement training and supervisory oversight for the correct entry of this data. | | |

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| #45 1 st Primary Caretaker's Birth Year #46 2 nd Primary Caretaker's Birth Year (if applicable) | | | | | |

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| <p>#10 Primary Basis for Determining Special Needs</p> <p>0 = Not Applicable 1 = Racial/Original Background 2 = Age 3 = Membership in a Sibling Group 4 = Medical Conditions or Mental, Physical or Emotional Disabilities 5 = Other State Defined Special Needs</p> | 2 | <p>Frequency Report (n=529): Not Applicable = 1 (0.19%); Age = 91 (17.2%); Other = 41 (7.75%).</p> <p>1) The State's value "high risk infant" is incorrectly mapped to "medical conditions or mental, physical or emotional disabilities."</p> <p>2) The State has a value of "other." The Federal team asked for clarification of what this means and the State provided a copy of the definition.</p> <p>3) The State maps "Hereditary Factors Clinically Documented" to "medical conditions or mental, physical or emotional disabilities." It is not clear whether there are existing health conditions or if there are health conditions that the child may develop. The State's manual did not further define what this value means.</p> <p>4) The State's staff manual defines "developmental disability" as "Resulting in educational delays or significant mental processing." During the post site-visit evaluation of the program code it was found</p> | <p>1) Map "high risk infant" to "other state defined special need."</p> <p>2) The Federal team reviewed the documentation and did not find a category "other." The State needs to provide additional information and clarification.</p> <p>3) The State needs to provide further clarification.</p> <p>4) Include "developmental disability" in responding to element #10. Map it to "medical conditions or mental, physical or emotional disabilities."</p> | | |

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| | | that this value is not included for this element. | 5) The State is to submit a screen print displaying the options. | | |
| #11 Mental Retardation #12 Visually/Hearing Impaired #13 Physically Disabled #14 Emotionally Disturbed #15 Other Diagnosed Condition [0 = Does not apply] 1 = Applies | 2 | 1) "Mental disability" is mapped to element #11. According to the State staff the definition is: developmental delay, perceptual or speech disability, or metabolic disorder, or down syndrome. This is the same definition included in the staff manual for "mental retardation." If these two terms are actually the same, the program code is correctly mapping the value. 2) The staff manual defines "physical disability" as including "hearing," "vision," and "heart defects." If this is the option that the worker selects "physical disability," then the State may need to revise the definition in the manual. This value is mapped to element #13 and may incorrectly be including conditions that are to be mapped more appropriately to other AFCARS values. 3) The State maps "emotional disturbance" to element #14. There is no definition included in the staff manual. | 1) The State needs to confirm if "mental retardation" and "mental disability" are the same. 1a) If there is a difference between what is in the staff manual and the selection the options, the State needs to revise the option on the screen to "mental retardation." 2) ACF will review the selection list once and provide the State with feedback. 3) The State needs to provide additional clarification to ACF. | | |

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| | | <p>4) The State maps “other” to this element. However, for element #10 “other” is mapped to “other state defined special need.” It cannot be mapped to both. See notes in element #10 regarding “other.”</p> <p>5) The State has uses the option “developmental disability.” Elements #11 – 15 are being incorrectly reported regardless of the primary basis of special needs. The program code must be modified to only extract elements #11 - 15 if the primary basis is a “4” in element #10.</p> <p>6) Elements #11 – 15 are being incorrectly reported regardless of the primary basis of special needs.</p> <p>7) Changes made for foster care elements #11 – 15 also apply to adoption elements #11 – 15.</p> | <p>4) The State needs to define this value.</p> <p>4a) ACF will review and provide feedback once it receives a copy of the screen print depicting selection list.</p> <p>5) Map each component of “developmental disability” separately. “Educational delays” are to be mapped to element #15. For areas relating to “mental processing,” these would be mapped to element #11.</p> <p>6) Modify the program code to only extract elements #11 - 15 if the primary basis is a “4” in element #10.</p> <p>7) If the response to adoption element #10 is “medical conditions or mental, physical or emotional disabilities,” modify the program code to include all appropriate diagnosed conditions.</p> | | |
| #18 Mother Married at Time of Birth | 2 | Screen: Adoption General Information | | | |

AFCARS ASSESSMENT REVIEW IMPROVEMENT PLAN: Adoption Data Elements

State: Colorado

AFCARS Reporting Period: April 1, 2005 – September 30, 2005 (2005B)

| AFCARS Data Element | Rating Factor | Findings | Tasks | Estimated/ Completed Date | State/ACF's Comments/Notes ACF's Sign-off Notes |
|--|----------------------|---|--|----------------------------------|--|
| 1 = Yes 2 = No 3 = Unable to Determine | | <p>Frequency Report (n=529): Yes = 115 (22%); No = 299 (57%); Unable to Determine = 115 (22%)</p> <p>The State has this as a question on an adoption screen and not a foster care screen.</p> <p>Case file review findings: 3 (15%) of the records analyzed did not match what was reported in AFCARS. In the error cases, the AFCARS report indicated “unable to determine.” However, in each case, dates of birth were reported for the mother, and verified by the reviewer.</p> | <p>1a) Modify the system to include this question on a case management screen that is completed at the beginning of a case. The State could add the question to the foster care removals general tab.</p> <p>1b) Once the question is added to the case management section of the system, modify the system to automatically fill the question on the adoption general information screen.</p> | | |
| #26 Adoptive Mother's Hispanic Origin #28 Adoptive Father's Hispanic Origin 0 = Not Applicable 1 = Yes 2 = No 3 = Unable to Determine | 2 | <p>The program code never sets the value of these elements to “not applicable.”</p> | <p>Modify the program code to set the element #28 to “not applicable” when a single female is the only adoptive parent, and vice versa for element #27.</p> | | |
| #29 Relationship of Adoptive Parent to Child - Stepparent | 2 | <p>Screen: Adoption: General; Field: Relationship of adopting family</p> | <p>1) Modify the field on the screen to allow multi-selection of this information.</p> | | |

AFCARS ASSESSMENT REVIEW IMPROVEMENT PLAN: Adoption Data Elements

State: Colorado

AFCARS Reporting Period: April 1, 2005 – September 30, 2005 (2005B)

| AFCARS Data Element | Rating Factor | Findings | Tasks | Estimated/ Completed Date | State/ACF's Comments/Notes ACF's Sign-off Notes |
|---|----------------------|--|--|----------------------------------|--|
| #30 Relationship of Adoptive Parent to Child - Other Relative #31 Relationship of Adoptive Parent to Child - Foster Parent #32 Relationship of Adoptive Parent to Child - Other Non-Relative 0 = Does not Apply 1 = Applies | | This is a single select field and not multi-select. Case workers must be able to select all relationships that apply. | 2) Modify the program code once the changes to the screen are completed. | | |
| #35 Receiving Monthly Subsidy 1=Yes 2=No | 2 | Frequency Report (n=529): Yes = 383 (12%); No = 124 (23%). The program code incorrectly sets this element to a value "yes" if it finds a payment made in the "tcfms_archive" table for child maintenance service with a type of adoption. The payment is for the most recent calendar month before the end of the reporting period or the end of service, whichever occurs first. The State revised the program code. There is an "OR" statement in the section of program code evaluating | The State needs to review the program code and provide ACF with comment. | | |

AFCARS ASSESSMENT REVIEW IMPROVEMENT PLAN: Adoption Data Elements

State: Colorado

AFCARS Reporting Period: April 1, 2005 – September 30, 2005 (2005B)

| AFCARS Data Element | Rating Factor | Findings | Tasks | Estimated/ Completed Date | State/ACF's Comments/Notes ACF's Sign-off Notes |
|--|----------------------|---|--|----------------------------------|--|
| | | when to set this element to "no." It seems that it should be an "AND" statement. | | | |
| #37 Adoption Assistance IV-E 1=Yes 2=No | 2 | The program code sets this element to a value "yes" if the client is IV-E Sub-Adopt eligible and if a payment is made. | Modify the program code to check that if the response to adoption element #35 is "yes," <u>and</u> an amount is reported in element #36, if the child is eligible for title IV-E as of the date of the finalized adoption. | | |
| #9 Has Agency Determined Special Needs? 1 = Yes 2 = No | 3 | Frequency Report (n=529): Yes = 248 (46.88%); No = 281 (53.12%). The State modified the program code to determine the value of element #9 based on the value of element #10, "primary basis for determining special needs." | ACF will review the resubmitted 2005B and 2006A, and will review the 2006B data. | | |
| #16 Mother's Birth Year #17 Father's Birth Year | 3 | Screen: Client, General Information Frequency Report (n=529): 2003 = 1 (0.19%) The State revised the program code. It now checks for the birth year of the natural, legal or adoptive mother using the same logic for identifying the mother whose parental rights were terminated in adoption element #19. | ACF will review the data resubmitted for the 2005B report period. | | |
| #36 Monthly Amount | 3 | The State revised the program code to report the monthly amount specified in the initial adoption | ACF will review the data resubmitted for the 2005B report period. | | |

AFCARS ASSESSMENT REVIEW IMPROVEMENT PLAN: Adoption Data Elements

State: Colorado

AFCARS Reporting Period: April 1, 2005 – September 30, 2005 (2005B)

| AFCARS Data Element | Rating Factor | Findings | Tasks | Estimated/ Completed Date | State/ACF's Comments/Notes ACF's Sign-off Notes |
|----------------------------|----------------------|---|--------------|----------------------------------|--|
| | | subsidy agreement instead of the amount paid during the last month of the reporting period. | | | |